



## NEW STATE APPROVED SCHOOL BUS INSPECTOR TRAINING REQUEST

Mechanic Name: \_\_\_\_\_

Year Experience (minimum of two years required): \_\_\_\_\_

District: \_\_\_\_\_

Director or Service Manager: \_\_\_\_\_

Garage Phone Number: \_\_\_\_\_

Return to: Dave Mangum  
Division of District Support Services  
Student Tracking & Transportation Services Branch  
1504 Capital Plaza Tower  
500 Mero Street  
Frankfort, KY 40601

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